What Did We Learn From The Torontolympiad?

ROBERT W. JACKSON, MD

SUMMARY

The Olympiad for the Physically Disabled is held every four years in the country of the regular Olympics. The 1976 Olympiad was held in Toronto and was the second largest international amateur sporting event in the world that year. Sport for the disabled offers much in the way of benefits, not only for the athlete participants, but also for other disabled people. Through the common medium of sport, a better appreciation of the abilities of the disabled is created in the minds of the able-bodied public. The Torontolympiad was a memorable and worthwhile experience for thousands of participants and spectators. It can truly be said that these games rebuild lives.

Dr. Jackson is chief of orthopedic surgery at the Toronto Western Hospital and associate professor of surgery at the University of Toronto. He was first chairman of the Canadian Wheelchair Sports Association (1967 – 1972), relinquishing that position in 1972 to become chairman of the organizing committee for the 1976 Olympiad for the Physically Disabled. Reprint requests to: 25 Leonard Avenue, Ste. 405, Toronto, Ont. M5T 2R2.

"Prior to World War Two, 80 percent of paraplegics died within three years. Since World War Two, 80 percent of paraplegics have a normal life expectancy.

What happened? Principally, Sir Ludwig Guttman.

Sir Ludwig established the world famous Spinal Injuries Centre at Stoke Mandeville Hospital, England, during World War Two. One of his revolutionary ideas was that sport could help put the handicapped back into the mainstream of life – could re-establish self-respect and self-discipline, could help the handicapped make the most of remaining capabilities.

In 1952 Sir Ludwig originated the annual International Stoke Mandeville Games for the disabled. In 1966 he was knighted for his work in the medical treatment of paraplegia and in the development of sports for the disabled."

Program, Torontolympiad

THE PROGRESS of the games started just 25 years ago by Sir Ludwig, who still is president of the International Stoke Mandeville Games Federation, has been truly remarkable. The 1976 Olympiad for the Physically Disabled was the second largest international amateur sporting event in the world last year. It was held at Centennial Park in the Borough of Etobicoke, in Metropolitan Toronto, August 3-11. Forty-four countries participated, with 1,600 athletes and a further 900 trainers, coaches and officials. Over 900 events were held, with sporting activities ranging from track and field to lawn bowling (see Table 1).

Each of these athletes was chosen by his own country after establishing a degree of excellence in local, regional or national competitions, and having achieved the minimal standard set by the organizing committee for each event. Quotas on numbers of competitors for each country were based on the extent of the country's participation in previous games, and on the space available in Toronto for accommodation. For the first time, the 1976 Games brought together three major disability groups – the blind, the amputee and the paralyzed.

Historically, wheelchair sports for the paralyzed began in 1948, when a competition between a group of archers was held on the lawn of Stoke Mandeville Hospital. The first international contest took place in 1952.

With the passage of time, each year more athletes competed in more events and more countries were represented, until in 1960 the Games began to be held in the same country as the regular Olympics. One break with tradition occurred in 1968 when Mexico was unable to host the Games and Israel took up the challenge.

With the formation of the International Sports Organization for the Disabled in 1964, rules for international competitions became the responsibility of an international committee, which developed the guidelines for the blind and amputee athletes. Future participation of athletes with other types of disability, such as multiple sclerosis, cerebral palsy, and congenital bone diseases, is now under consideration. Naturally, the degree and type of disability must be assessed for each individual, and people with comparable degrees of disability are grouped together to provide fair competition. For example, a quadraplegic athlete competes with other quadraplegics and not with paraplegics, who have a marked physical advantage. A major task, therefore, for the medical staff of the Torontolympiad was to classify accurately each athlete on arrival and ensure fair competition. In wheelchair sports there were seven different categories. In sports for the blind, there were two categories and in those for amputees, there were eight.

The organizing committee's primary effort was directed towards the best possible games in a technical sense. This meant good facilities, good judging and officiating, and a no-nonsense approach to sport. We were assisted immensely in this task by the governing bodies of the various amateur sports associations in Canada, and by the Borough of Etobicoke and Metropolitan Toronto. Our second goal was to make use of this unique event to promote as widely as possible the concept that ability, not disability, is what really counts. While recognizing that the individuals participating in the Olympiad were physically, mentally and emotionally fully rehabilitated and of exceptional ability, we reasoned that their achievements could be used as a prime example of what can be achieved by other people with similar disabilities. Moreover, the use of sport as a common denominator would enable the viewing public to equate their accomplishments with those of able bodied athletes. Major goals in this line were public acceptance of the disabled as human beings and not as freaks or hopeless cripples, elimination of architectural barriers in buildings, better ground transportation facilities and improved job opportunities with prospective employers. One of the first things that we learned from the Torontolympiad was that all of this is possible.

Medical Services

An international panel of doctors was responsible for the classification of all competitors on arrival. They

TABLE 1

List of Competitions

Wheelchair Games	Blind Games	Amputee Games
Track	Track	Track
Field	Field	Field
Swimming	Swimming	Swimming
Archery	Bowling	Table tennis
Weight lifting	Pentathlon	Rifle shooting
Fencing	Goal ball	Bowls
Table tennis	Wrestling (exhibition)	Football kicking
Rifle shooting		Slalom
Snooker		Pentathlon
Slalom		Volleyball
Pentathlon		
Basketball		

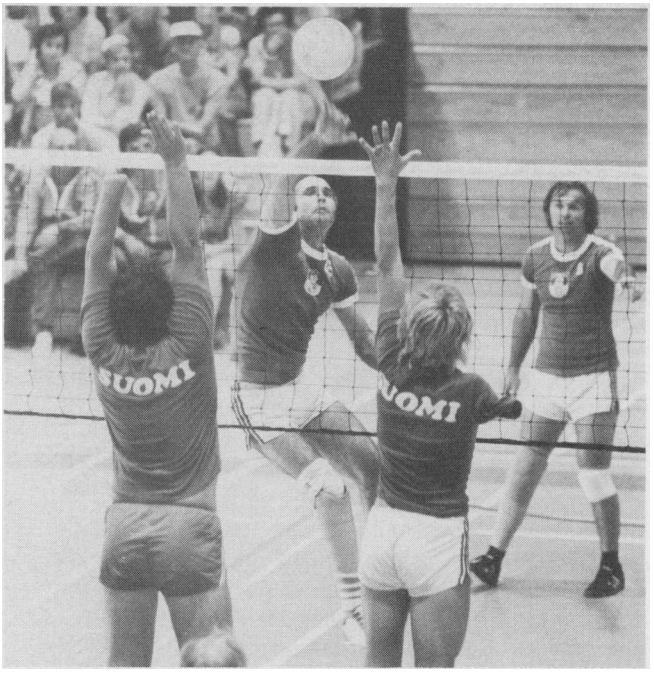
Note that for each event there would not only be male and female categories, but also classification according to the degree of disability e.g. seven categories in wheelchair games, two in blind games and eight in amputee games. The result was over 900 individual events.

TABLE 2

Conditions Treated

Injuries	Athletes	Injuries	Athletes
back strain	4	dental	2
neck sprain	1	rashes, bites, allergies	8
hand and wrist	28	rectal pain/bleeding	4
shoulder	7	GI distress	15
foot (ankle and toe)	24	physical and mental stress	8
leg and knee	19	dressings for burns and boils	20
pulled ribs	1	catheter and colostomy changes	9
head	3	cuts, abrasions and bruises	12
arm and elbow	2	heat prostration	4
eyes	2	dizziness and faintness	10
severe headache	17	tetanus antitoxin	2
eyes, chlorine irritation	4	splinters	1
acute chest pain	2	sunburn	7
menstrual cramps	4	seizure (grand mal)	2
pulmonary hemorrhage	1	splenic injury	1
infections: eyes	3	lacerations sutured	8
renal, urinary	7	foreign body oropharynx	1
bed sores	2	upper resp. infection	29
abscesses, ulcers & boils	7	stump dressings	4

Arnie Boldt, a Canadian high thigh amputee and winner of the award for the best performance during the Games, clears the bar at 6 feet 1¼ inches.



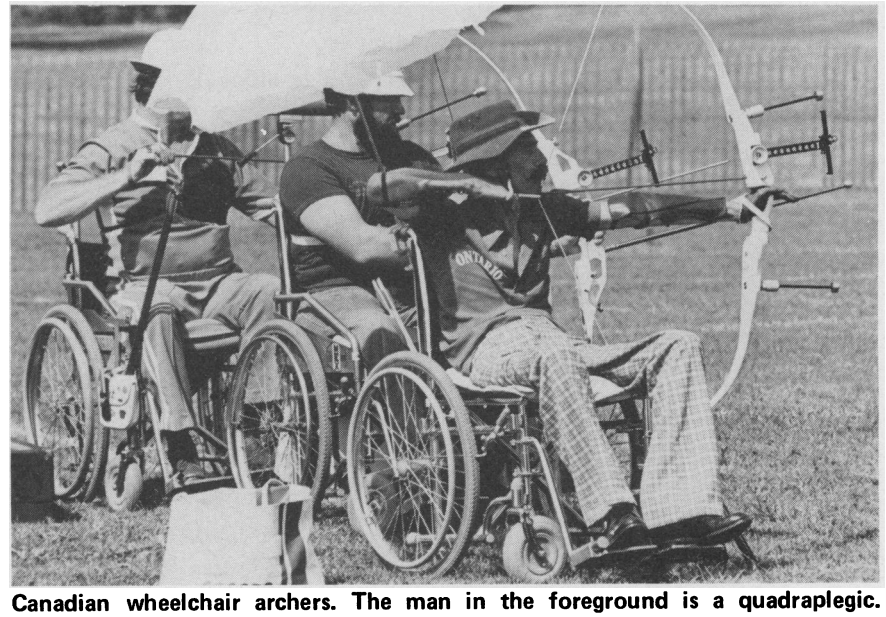
Amputee volleyball demonstrates the ultimate in prosthetic rehabilitation.

were ably assisted by trained physiotherapists, mostly from the Toronto area but supplemented by therapists from Montreal and other points. A series of instructional courses for the physios was held before the teams arrived, stressing testing and classification methods. The primary classification, including muscle charting, was done by the physiotherapists and verified by the international panel of doctors. Although most athletes had been preclassified in their own countries, there were more than 200 changes in classification in the last 48 hours before the Games began. This, of course, had numerous ripple effects on the scheduling of events, but the use of a computer facilitated these changes.

The next main function of the medical committee was to provide care for the 2,500 participants, the 3,000 volunteers working at the Games, and if required assist the St. John's Ambulance Association with the care of more than 100,000 spectators. A field hospital was established at a public school adjacent to the Games site. In addition, doctors were in attendance at each of the major venues of the Games to deal with any on-the-spot emergencies, with athletic trainers and physiotherapists providing the primary care for any problem. The Etobicoke General Hospital cooperated in making their X-ray facilities and emergency room available for immediate diagnosis and treatment. The Paraplegic Unit at the Toronto General Hospital was prepared to accept any necessary hospitalizations.

The medical staff were surprised at how few problems were actually encountered during the course of the Games. Those with previous experience in sports medicine noted that there were fewer complaints from the disabled athletes than would be expected from able-bodied athletes. Table 2 is a list of the conditions treated at the hospital. Staff for the field hospital was drawn from volunteer family physicians, sports medicine doctors, physiatrists and orthopedists, including Dr. Robert Salter, professor of orthopedics at the University of Toronto, who worked a regular shift in the field hospital treating acne, anxiety and asthma, as well as sprained ankles. On one occasion the presence of a doctor at the poolside prevented a serious mishap when an Egyptian quadraplegic inhaled large amounts of water in the middle of the pool and had to be resuscitated. However, it was typical of the spirit of these athletes that this individual got back in the pool to compete in his next event.

In addition, a team of exercise physiologists from McMaster University, headed by Dr. John Wicks, recorded the physiological achievement



Canadian wheelchair archers. The man in the foreground is a quadraplegic. Archery was the first sport in organized games for the disabled.

of selected individuals. This information will be of significant value, internationally, to everyone involved in the rehabilitation of the physically handicapped.

What Did The Organizers Learn?

What did we learn from the Torontolympiad? I think the organizers, the doctors, the handicapped individuals of Toronto and Canada, and the general public all learned different things from this event. The organizers learned that politics can be a rapidly changing chameleon. The original 1973 agreement was for equal amounts of financial support from the federal, provincial and metropolitan Toronto governments. However, by 1974 the government of South Africa was falling out of favor with our federal government, and by 1975 the Canadian government felt obliged to inform the organizers that either South Africa must be refused permission to participate or the financial support of the Canadian government would not be forthcoming. This was in spite of the fact that the South African team was fully integrated. In fact the Disabled Sportsmen of South Africa were the first organized sporting group in that country to break the apartheid barrier, and did so far in advance of any political pressure.

Believing that politics should be kept out of sport as well as other cultural and scientific exchanges, the Organizing Committee refused to bow to the government's pressure, electing instead to go to the public for additional support and to welcome the disabled athletes of South Africa.

The public response was generous and gratifying. More than 3,000 volunteers assisted in the production of the Games. More than 10,000 people donated funds. The business community rallied to our cause and gave financial assistance or assistance in kind, through advertising or supplies. Consequently the withdrawal of funding by the Canadian government, and the public awareness created by this action was in retrospect a helpful rather than a harmful factor to the Games.

What Did Canadians Learn?

They learned that the physically disabled are human individuals with emotions, ambitions, fears, likes and dislikes, similar to anyone else. The only difference lies in the fact that because of a specific disability they may not be able to do quite as much in a physical way as an able-bodied person. Their disability is unfortunately visible, while many able-bodied individuals have hidden disabilities such as mental illness, heart disease and so on. The public also learned that the physically disabled are capable of exceptional achievement if given the opportunity. They learned too that the elimination of architectural and social barriers is essential.

What Did the Participants Learn?

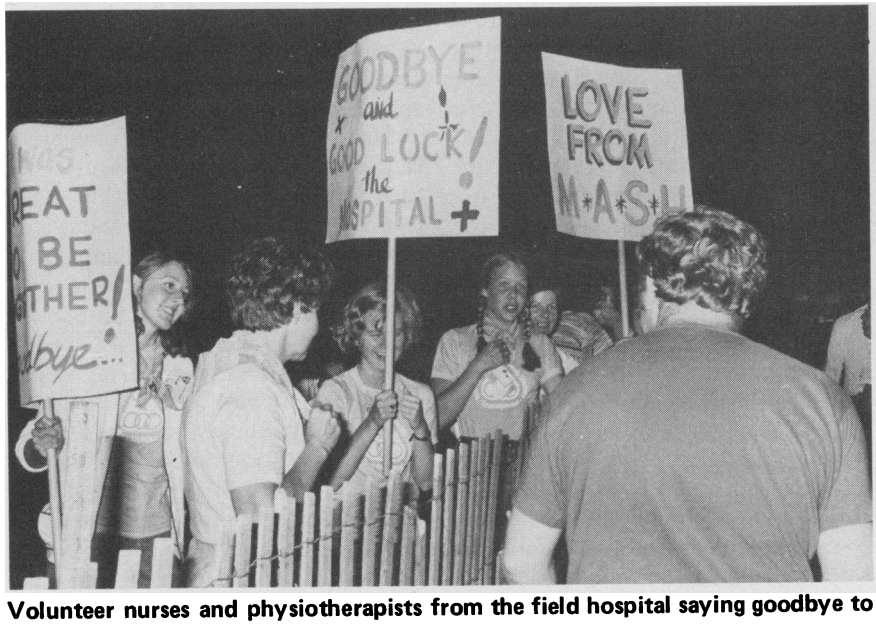
They learned that there is much more to life than they had originally anticipated, and that there is no need to stay at home, to be introverted and to feel sorry for oneself. Through sports and recreation one can travel, achieve, and mix with the public on equal terms. They learned that physical achievement and the striving for a maximum degree of well-being makes life easier. They learned what they can do in the physical sense, if they set their mind to it.

What Did the Doctors Learn?

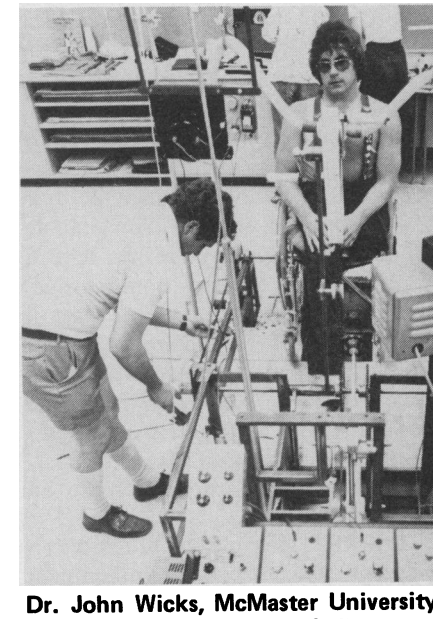
In many instances the doctors learned the same things that the public learned, since the attitude of many doctors was similar to that of the public. But more specifically, they learned what Sir Ludwig Guttman has always preached, that by taking good care of the disabled in the early stages of their illness, the disabled eventually can learn to look after themselves. Instead of being welfare burdens on society they can become achievers, tax payers and useful citizens. The doctors who worked at the Games soon realized that the physically disabled are very independent, they make few complaints and basically they dislike going to doctors because of their long prior experience with the medical profession. Certainly the mental attitudes of those who have reached this stage of international competition were excellent, and their physical achievements were of great value as an example to all other disabled in the community.

Conclusion

We learned learned many things from the Torontolympiad, but the most important lesson was that these Games can rebuild lives and improve the quality of living. We learned that it is ability which counts, not disability.◉



Volunteer nurses and physiotherapists from the field hospital saying goodbye to athletes at conclusion of Games.



Dr. John Wicks, McMaster University, testing a paraplegic athlete's fitness.